



**MONROE COUNTY PLANNING DEPARTMENT**  
**INITIAL SPECIAL VACATION RENTAL PERMIT APPLICATION**  
**Application Fee: \$175**

Permit # \_\_\_\_\_ Application Date \_\_\_\_\_

Note: The applicant must complete the following information for an application to be accepted for review. Please type or print all requested information on this form. Attach additional sheets when necessary. All information, including the application and all other materials, must be submitted on 8 1/2" X 11" paper. It is the applicant's responsibility to notify the Planning Department of any changes that may occur to the application as it is being processed.

**1) PROPERTY OWNER:**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**2) AGENT: (if applicable)**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**3) LEGAL DESCRIPTION OF PROPERTY:**

Street: \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot(s) \_\_\_\_\_ Block \_\_\_\_\_  
Key \_\_\_\_\_ Mile Marker \_\_\_\_\_ RE# \_\_\_\_\_

If in metes and bounds, attach legal description on separate sheet.

**4) BACKGROUND INFORMATION:**

Land Use District (Zoning) \_\_\_\_\_ Future Land Use Map Designation (FLUM) \_\_\_\_\_

5) Attach proof of ownership (i.e. copy of deed or tax bill) and the name, address, and telephone number of each and every person or entity with an ownership interest in the dwelling unit and a copy of the property record card from the property appraiser's office.

6) Attach an approved Department of Health (DOH) or Department of Environmental Protection (DEP) inspection or certification of the adequacy of the sewage disposal system for use as a vacation rental unit.

An initial inspection, and subsequent annual inspections, are required and must be approved prior to the issuance of a special vacation rental permit for compliance with the Uniform Fire Safety Code and NFPA Life Safety Code 101. These inspections are performed by the State of Florida Department of Business and Professional Regulations. For information and fee schedule call the Department at 1-800-780-5680 or (305) 470-5680. Attach an approved inspection or certification to this application.

- 7) Attach a site plan of the property indicating the gross square footage of the dwelling unit, number of total rooms, bedrooms, bathrooms, kitchens, apartments, parking, land use districts of all adjacent properties, and a Class C bufferyard (when required).
- 8) Attach proof that a "Notice of Vacation Rental Use Application" was sent by certified return mail to all property owners located within 300 feet of the dwelling unit which is the subject of the special vacation rental permit application not less than thirty (30) days prior to the date of approval of the application. This "Notice" shall also include the name, address, and day/evening telephone numbers of each and every manager, agent, caretaker and owner of the dwelling unit as well as the 24-hour contact person's name and telephone number.
- 9) Attach a valid and current federal tax identification number [or social security number(s)] for the owner(s) of the vacation rental property to be licensed under the provisions of this Ordinance.
- 10) Attach a valid and current Florida Department of Revenue sales tax identification number under Florida Statutes, Chapter 212 (Florida Tax and revenue Act) and a valid and current permit, license, or approval under Florida Statutes, Chapter 509 (Public Lodging Establishments).
- 11) Signature of the applicant (owner/agent) grants authorization to Monroe County Code Enforcement to inspect the premises of the vacation rental unit prior to the issuance of the special vacation rental permit and at any other time after issuance of permit concerning compliance with Monroe County Code Chapter 9.5 (i.e. the Land Development Regulations). Signature also certifies that owner/agent has read and examined this application and knows that same is true and correct.

\_\_\_\_\_  
Print Name Owner/Agent

\_\_\_\_\_  
Signature Owner/Agent

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to ( or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, by \_\_\_\_\_ who is personally known or who has  
produced \_\_\_\_\_ as identification.

Notary Signature \_\_\_\_\_

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**To be completed by the Planning Department**

1. Check Receipt Number \_\_\_\_\_ Date \_\_\_\_\_

2. Approved Inspection by Code Enforcement shall be attached prior to issuance of permit.

3. The following permit conditions shall apply: \_\_\_\_\_

\_\_\_\_\_  
APPROVED FOR ISSUANCE OF PERMIT

\_\_\_\_\_  
Director of Planning/ Development Review Senior Administrator

\_\_\_\_\_  
Date

**MONROE COUNTY PLANNING DEPARTMENT  
NOTICE OF VACATION RENTAL USE APPLICATION**

The following information shall include the name, address, and day and evening telephone numbers of each and every manager, agent, caretaker and owner of the dwelling unit as well as the 24-hour contact person's name and telephone number.

This information is regarding a vacation rental on the following property:

**Legal Description of Property:**

Street: \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot(s) \_\_\_\_\_ Block \_\_\_\_\_

Key \_\_\_\_\_ Mile Marker \_\_\_\_\_ RE# \_\_\_\_\_

If in metes and bounds, attach legal description on separate sheet.

**24-Hour Contact Person**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Tel#: \_\_\_\_\_

Eve Tel#: \_\_\_\_\_

**Manager Agent Caretaker Owner (circle one)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Tel#: \_\_\_\_\_

Eve Tel#: \_\_\_\_\_

**Manager Agent Caretaker Owner (circle one)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Tel#: \_\_\_\_\_

Eve Tel#: \_\_\_\_\_

**Manager Agent Caretaker Owner (circle one)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Tel#: : \_\_\_\_\_

Eve Tel#: \_\_\_\_\_

**Manager Agent Caretaker Owner (circle one)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Tel#: \_\_\_\_\_

Eve Tel#: \_\_\_\_\_

**Manager Agent Caretaker Owner (circle one)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Tel#: : \_\_\_\_\_

Eve Tel#: \_\_\_\_\_

Pursuant to Monroe County Code Section 9.5-521 you have the right to appeal a decision to approve or deny this special vacation rental permit to the Planning Commission within 30 days of issuance or denial of the permit. You may have other rights that Monroe County cannot enforce. Review of a special vacation rental permit application by Monroe County will not consider the existence of valid private deed restrictions, restrictive covenants or other restrictions of record, which may prohibit the use of the dwelling unit for vacation rental purposes. You may wish to consult an attorney concerning these private rights.